

WIC Futures Study Group

Wednesday, May 1st and Thursday, May 2, 2013
Holiday Inn Downtown, Helena, MT

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Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Wednesday, May 1 and Thursday, May 2, 2013. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	MPCA	Lora Weir	Teton County HD
Joan Bowsher	DPHHS/WIC	Linda Best	Deer Lodge/Beaverhead County WIC
Mark Walker	DPHHS/WIC		
Chris Fogelman	DPHHS/WIC	Drenda Nieman (o)	Lewis and Clark HD
Leah Steinle	DPHHS/WIC	Barb Skoyen (o)	Fort Belknap
Corrine Kyler	DPHHS/WIC	Debbie Hedrick	RiverStone Health
Kate Girard	DPHHS/WIC	Jeannie Siefert*	Dawson County HD
Denise Higgins	DPHHS	Gayle Espeseth (o)	RiverStone Health
Jane Smilie	DPHHS	Shawn Hinz (o)	RiverStone Health
Bill Hodges	Big Horn County HD	Jill Steele (o) Day 2	Gallatin HD
Kathy Jensen*	Sheridan County HD	Darcy Hunter (o)	Gallatin HD
Jamie Paul (o)	Butte-Silver Bow HD		

(o) = observer
* = on the phone

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association.

Opening Comments – DAY 1

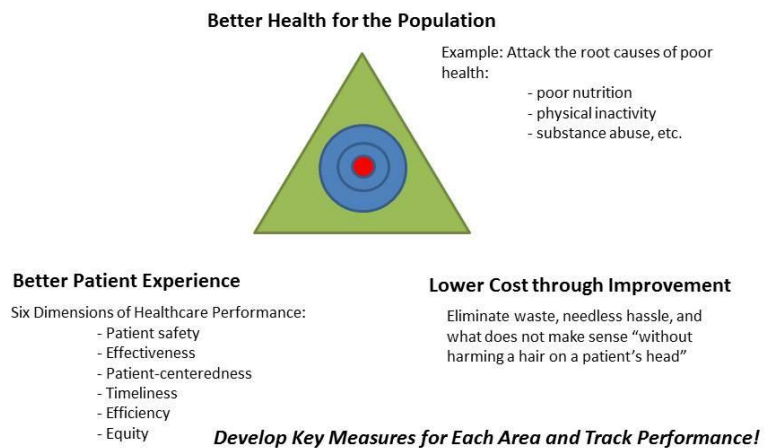
Opening comments were made by Joan Bowsher, DPHHS WIC Director. Joan thanked the participants for coming. After introductions, Mary Beth reviewed the agenda with the group.

Triple Aim

Mary Beth presented the Institute for Healthcare Improvement (IHI) Triple Aim Conceptual Model for health system improvement. The model was developed based on recommendations from the Institute of Medicine report “Crossing the Quality Chasm: A New Health System for the 21st Century.” The Triple Aim reflects dimensions of quality that everyone wishing to improve our country’s system of care can embrace.

The three aims – better health, better care, and lower cost through improvement might serve the WIC Futures Data Project going forward.

The Healthcare Improvement Triple Aim



Review of WIC Data

Joan and Mark provided information on their task from the last meeting to take the measures identified by the group and figure out if they could be tracked over time and analyzed to determine if WIC makes a difference in the health of the population it serves. Mark told the group that the SPIRIT system was set up to serve the WIC program but not necessarily to be used for pulling data. He said it turned out that it was difficult to get meaningful data and gave several examples, including problems with participant efficiency data, breastfeeding moms data, WIC participant data, child retention data, anemia rates, BMI, cashing rate of benefits, and immunization rates. Another problem is that the data has not been compared to state or national numbers, so figuring out if our numbers are above or below average is difficult. This is even more difficult when using the local data – if the numbers are not benchmarked against the state average and compared to data that is collected in the same way nationally, it is impossible to know “where we are.” Small local numbers can also be unreliable.

One measure showed promise – smoking when pregnant numbers showed that 23% of Montana WIC participants quit smoking during pregnancy in 2012. Questions were posed – was the cessation maintained? (That question could be asked the next time they get pregnant.) How does that number compare to HP 2020? Could the home visiting program ask about smoking and then cross check names with WIC data?

Joan explained to the group that the epidemiologist who was helping them moved to another program. Such assistance will be needed to move the WIC data project to a new level. The state staff said they intend to provide that support.

Leah presented the results of the Participant Satisfaction Survey – another check on quality. Each participant received a post card with four questions. 1,980 surveys were returned. The vast majority of the comments were positive. Only four people would not recommend WIC and two of those said their friends were already on WIC.

Suggestions included:

- Card like SNAP
- More money for fruits and vegetables
- Should be able to go over the limit
- More organic foods
- Less rude cashiers

- Less rude clinic staff
- Using benefits at different stores

Individual clinic reports on the survey results were given to clinic reps at the Spring Training.

. Joan told the group about a series of phone surveys that are being conducted by the department focusing on why participants use or choose not to use WIC services. The first survey targets participants who left WIC before eligibility was up. Phone calls were made to the participants and they were able to get an 81% response rate. Over 1,000 phone calls were made and 487 individuals were willing to take the survey.

Here are the results:

- 33% were single
- 8% were divorced
- 2% were widowed
- 57% were married
- 8% had less than high school education
- 46% had graduated high school
- 15% had more than a high school education
- 13% had an associate degree
- 18% had a college degree

Reasons for leaving WIC –

- 22% believed they were not eligible any more
- 15% moved
- 11% didn't need WIC
- 8% office hours were not convenient
- 6% too far or no transportation
- 6% did not have child custody or foster child anymore

The results helped the WIC staff to identify a process that might be contributing to people leaving WIC before their eligibility concludes. At the end of certification, the WIC staff is required to hand the participant a letter with the heading: "You may not be eligible." Everyone was in agreement that the language of the letter must change so that there is no further misunderstanding, perhaps "Time to reapply!" could be used.

The second survey is almost complete and the state is waiting for the results. The survey addresses why participants leave the program early.

The third survey will target individuals who are on SNAP, TANF, and Medicaid, are potentially eligible for WIC and will ask, "Why are you not participating on WIC?"

The group talked about other strategies to impact participation. One group member said that the population they serve tends to sleep in mornings. Would it make sense to have appointments open later in the day? Some have tried extended hours and felt that being open until 6:00 p.m. helps. Some have tried to set up their systems to accommodate walk in clients.

Denise Higgins brought the group back to the question of what to do about measures to track. She suggested that the group pick three and think about strategies for improvement. Smoking during pregnancy data, she said, is a state public health target. The group could set goals with the measures, she suggested.

There were many suggestions about benchmarking. Contacting other states that use SPIRIT was suggested several times. Mark said we could use the "local use" part of SPIRIT to collect data that we want.

Joan reminded the group that the key question was: Does WIC make a difference? She suggested that we stick to those measures that could possibly measure impact. Here is her list:

1. Breastfeeding rates at 3, 6, 9, and 12 months.
2. Smoking – are your referrals making a difference?
3. BMI
4. Anemia rates
5. People staying on WIC
6. Cashing of benefits

Joan said that state staff will check with the national WIC program for data that we could use for comparison. The group requested that data be provided so that they could compare local clinic/state/and national numbers.

Innovative Technologies

Kate showed the group how to use the www.WICHealth.org website for WIC education. She walked the group through the functions and offerings on the site so they could experience what the client experiences when visiting the site. Kate told the group that the website has several benefits:

- It is client centered – they choose when they want the education and what they want to learn about.
- Recommendations are based on best practice and are evidence based.
- The online option can be used for the 3 and 9 month follow up instead of coming into clinic and benefits can then be mailed.
- Clients can complete the education any time before the next appointment and print out the certificate of completion.
- Young people these days prefer to get information online.

Long Distance RD - Mark and Leah explained how www.WebEx.com and Ipads or laptops with cameras can be used to provide face to face long distance dietician services. Unfortunately, due to the meeting room, a full demonstration was not possible.

Re-Allocation of WIC Funds

Joan reminded the group that it was mutually decided last year to withhold 5% of the base grant funds up front and re-allocate those funds if cuts to the national program did not occur. The WIC program was not subject to the impact of sequestration this fiscal year because the Department of Agriculture budget was passed before sequestration came into play. WIC will reallocate \$250,000 based on caseload.

Going forward, however, sequestration will apply if Congress does not pass a bill to stop the cuts or increase revenues. The State WIC program did sustain cuts. Because money was turned back, the program received only 2/3 (\$500,000) of what they requested for Operational Adjustment funds for special projects. There was much discussion about how turning money back was not acceptable due to the impact on the other clinics. The group called for more oversight from the state staff and strategies to prevent that from happening in the future, including penalties.

The state WIC program has received many requests for additional funds. After much discussion, it was decided to distribute the funds based on the number of clinic participants and high need projects.

Evaluation (+/△)

In regard to things that participants liked, here are their comments:

- Appreciated the technology, openness and sharing
- Hearing about data
- Appreciated data conversation and focus on us at the local level

- Seeing my friends and like-minded people
- Enthusiasm of state staff feels good
- Good to be back – appreciate the opportunity to discuss re-allocation and people should appreciate the equitable way it will be distributed
- Impressed with agenda – state asks and cares what we think
- All of the info provided and WebEx and not having to travel
- Great conference
- Topic interesting
- Participation is appreciated – not just for fun
- Liked meeting with everyone – liked WICHealth.org – Kate presentation
- So glad everyone could make it
- Like Triple Aim framing the discussion
- Tech presentation wonderful
- Enjoyed being here – nice to get together – network, open honest discussion

In regard to things that could be improved:

- A better room so we could have a good demo
- Cheese snack in a.m.
- Data thing – confusing – probably because not in on last conversation – are we trying to improve local or state data?
- Mark wearing ties
- Missed my friends
- Have this meeting in Billings
- Like to see everyone in person
- State level data could be cleaned up – new Epi staff
- Practice presentation
- Different room

Funding Formula – DAY 2

Joan opened the meeting with a review of the WIC budget situation – OA money was reduced, there should be enough food money but no extra this year. In regard to the grant, the state is projecting a reduction for fiscal year 2014. Joan reviewed the clinic cost/participant but one group member noted that the cost does not include county funds that supplement the program.

Going forward, Joan suggests that there be another 5% reduction on the base funds allocated to local agencies. The reduction in the total WIC grant due to sequestration could be as much as 8.5%.

Joan and Mark walked the group through the Excel spreadsheet showing the proposed Funding Formula and different impacts if the group decides to make cuts of 5%, 6% and 8%. There was support for the 5% but no more. Support for reducing the funding and reallocating it later was offered by several participants. Joan also mentioned that the state program staff has cut an IT position and they are going to try to re-evaluate the state allocation in respect to the WIC program.

Several adjustments were made to the formula to see where the numbers per clinic would come out – cutting and expanding the base grants and distributing the money that lead agencies get now to all. In the end, the group decided that keeping the base grants and lead agency funds as they are is the best way to go forward.

Joan said her staff will get the contracts to local agencies as soon as they can. The re-allocated money must be spent by September 30, 2013.

State Plan

State staff talked about the changes they have made to the state plan – shorter, more user-friendly, and more clear. They are working on changes that will make the delivery of WIC services more streamlined and efficient. For example - infant visits are now at 0, 3, 6, and 9 instead of 0, 2, 4, 6, follow up blood testing requirements are also changing, 3 month issuance is encouraged, don't need to weigh the baby every month. Rationale for the changes includes the fact that WIC clinic staff are not the participant's primary healthcare providers, "We do what WIC requires us to do." Staff told the group that it will be essential to read and understand the State Plan changes.

Other

Group members asked the state staff to write up the procedure for WebEx long distance RD access. Bill asked if the WIC conference in Missoula could have been offered over the web. Joan said WIC recommends that each region send two people to the conference and that those folks should go back and share what they learned with others – there is no need for everyone to come. Some in the group would still like to see some parts of the conference videotaped – especially the discussion. They wondered if the tapes could be archived for retrieval over the internet.

Joan said that online CE approval can be requested – Kate and Chris will review requests.

The meeting ended with a YouTube video of an NFL player who needed WIC at one time in his career and was grateful for WIC services for his family.

Evaluation (+/△)

In regard to things that participants liked, here are their comments:

- Appreciated letting us talk and share
- New administrator liked knowing how the formula worked
- Liked we could use WebEx in the room so we could see better
- The whole process is cool – dialogue both ways
- Being able to be here and listen
- Appreciated better understanding of the formula and staffing discussion and the help of the group
- Appreciate the participation – the WIC program works better
- Helpful to understand the budget funding and getting to know everyone
- Everything is great and everyone likes the technology
- Appreciate willingness to look at budget and give ideas – enjoy the insight
- Great meeting – appreciate the discussion – a struggle
- Appreciate being able to come back and give history – appreciate the facilitator
- Appreciate Linda coming back and Mark's tie
- Meeting went very well – organized, being included on WebEx was great
- One of the best distance opportunities

In regard to things that could be improved:

- More money
- Better room
- Where are the cheese stick snacks? Yogurt? Peanuts?
- Meeting in Billings
- Bill must wear a tie
- Tom was on for a little bit – challenge
- Could try to get more representation